

***Vaginal Birth After Cesarean Delivery**

Vaginal birth after a prior cesarean delivery (VBAC) is strongly encouraged in appropriate candidates. Nationwide, one quarter of all births is currently performed by cesarean delivery, and a third of those births are elective repeat cesarean deliveries. The advantages of VBAC include avoidance of surgery, lower cost, shorter hospital stays, fewer blood transfusions and fewer cases of maternal fever. Success rates for VBAC are high: approximately 60-80% of women—regardless of the indication for their previous cesarean section—will accomplish vaginal delivery. Perinatal and maternal morbidity and mortality rates appear to be similar in those patients undergoing VBAC vs. repeat cesarean delivery. The major disadvantage of VBAC is the risk of uterine rupture, occurring in about 0.5-1% of women with one previous cesarean delivery. Because of this risk, women attempting VBAC should labor in a setting where immediate operative capabilities are present. Contraindications to VBAC include a previous classical cesarean delivery (which increases the uterine rupture risk up to 10%), multiple gestation and breech presentation.

In general, women with a previous low transverse cesarean deliveries should be counseled and encouraged to undergo a trial of labor. This counseling, including communication of the risks and benefits of a trial of labor, should be documented in the prenatal record.

REFERENCES

- Albers LL. Et al The duration of labor in healthy women. *Journal of Perinatology*, 19(2): 114-119, 1999
- American College of Obstetricians and Gynecologists. Vaginal birth after previous cesarean delivery. ACOG Practice Bulletin 5. Washington, DC: ACOG 1999
- American College of Obstetricians and Gynecologists. Induction of labor. ACOG Practice Bulletin 10. Washington, DC: ACOG, 1999
- American College of Obstetricians and Gynecologists. Dystocia and the augmentation of labor. ACOG Educational Bulletin 218. Washington, DC: ACOG, 1995
- Bloom SL, McIntire DD, Kelly MAA, et al. Lack of effect of walking on labor and delivery. *New England J of Med*, 339:76-79, 1998
- Fraser WD, Marcoux S, Moutquin JM, Christen A, et al. Effect of early amniotomy on the risk of dystocia in nulliparous women. *New England J Med* 328:1145-1149, 1993
- Fraser W, Vendittelli F, Krauss I, Breart G. Effects of early augmentation of labour with amniotomy and oxytocin in nulliparous women: a meta-analysis. *Br J Obstet Gynecol* 105: 189-194
- Friedman EA. The graphic analysis of labor, *Obstet Gynecol* 68: 1568-1575, 1954
- Gifford DS, Morton SC, Fiske M, et al. Lack of progress in labor as a reason for cesarean 95(4): 589-595, 2000
- Kilpatrick SJ, Laros RK Jr. Characteristics of normal labor, *Obstet Gynecol* 74:85-87, 1989
- Garite TJ, Porto M, Carlson NJ, Rumney PJ, Reimbold PA. The influence of elective amniotomy on fetal heart rate patterns and the course of labor in term patients: a randomized study. *Am J Obstet Gynecol* 168:1827-1832, 1993